## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT

733717

(3)

| THE CI   | HURCH OF OUR SAVIOUR                              | (EPISCOPAL) INC.                      |                        |  |
|--|---|---------------------------------------|------------------------|--|
| Principal Place  | of Business                                       | Mailing Address                       |                        | . 1-62 ter 1-60-60 11/00 2/11/1 1-60-01 11/01/ 4/01/ 4/01/ 4/01/ 4/01/ 4/01/ 4/01/ 4/01/ 4/01/ 4/01/ |
| C/O REV. TIMOTHY J. SHAW 200 N.W. 3RD ST.   |   |                                       | 1                      | 3. Date Incorporated or Qualified  09/03/1975  4. FEI Number Applied For                             |
|  |   |                                       |                        | 59-235 1322 Not Applicable   |
| 2. Principal Pl  | ace of Business                                   | 20. Mailing Address 26                |                        | 5. Certificate of Status Desired S8.75 Additional Fee Required                                       |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                   |                        | 6. Election Campaign Financing \$5.00 May Be   |
| City & State   |   | City & State                          | <del></del>            | Trust Fund Contribution Added to Fees  |
| 23   | ,   | 28                                    |                        | 7. Is this nonprofit corporation a homeowners association?   |
| Zip  | Country   | Zip                                   | Country                | 8. This corporation owes or has paid the current year Intangible                                     |
| 24   | 25  | 29 3                                  | 0                      | Personal Property Tax due June 30. Yes No  |
| <u> </u>   | 9. Name and Address of Curre                      | nt Registered Agent                   | 641 11                 | 10. Name and Address of New Registered Agent   |
|  |   |                                       | 81 Nan                 | me :   |
| SHAW, REV. TIMOTHY J.<br>200 N.W. 3RD STREET   |   |                                       | 82 Stre                | est Address (P.O. Box Number is Not Acceptable)  |
|  | NOBEE FL 34972                                    |                                       | 83                     |  |
| O/ILLO   | IODER I E OTOTE                                   |                                       | 84 City                | y 85 Zip Code  |
| 44 5   | - 10-10-017.05                                    | On and C42 4500 Florida Cantago       | 11.0                   | FL PU EP 3000  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |   |                                       |                        |  |
| 1  | m familiar with, and accept the obliq             | gations of, Section 617.0503, Florid  | da Statutes.           |  |
| SIGNATURE  | Signature, typed or printed name of registered ap | gent and title if applicable (NOTE: F | legistered Agent signa | nature required when reinstating)  |
| 12.  |   | ND DIRECTORS                          | 13.                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | D   | DELETE                                | 1.1 TITLE              | VD . Change Addition   |
| NAME   | MURRAY, TOM                                       |                                       | 1.2 NAME               | Murray, Tom  |
| STREET ADDRESS   | 307 SE 8TH AVENUE                                 |                                       | 1.3 STREET ADDRES      | ESS 307 SE 8th. Avenue   |
| CITY-ST-ZIP  | OKEECHOBEE FL                                     | - Priese                              | 1.4 CITY - ST - ZIP    | Okeechobee, F1 34974   |
| TITLE  | D DAGGER DAY                                      | DELETE                                | 2.1 TITLE              | TD Change k Addition   |
| NAME   | RAGSDALE, RAY                                     |                                       | 2.2 NAME               | Davis, Jeff  |
| STREET ADDRESS   | 1006 NW 6TH STREET<br>OKEECHOBEE FL               |                                       | 2.3 STREET ADDRES      | ,  |
| CITY-SI-ZIP<br>TITLE   | VD  | X DELETE                              | 2.4 CITY-ST-ZIP        | Observe M. Addition  |
| NAME .   | GILES, JAMES                                      | Mr. perese                            | 3.2 NAME               | _ · · · — · ·  |
| STREET ADORESS   | 2968 HIGHWAY 710                                  |                                       | 3.3 STREET ADDRES      | Luster, Stella<br>1960 SE 9th. Avenue  |
| CITY-ST-ZIP  | OKEECHOBEE FL                                     |                                       | 3.4. CITY-ST-ZIP       |  |
| TITLE  | TD  | X DELETE                              | 4.1 TITLE              | D Change X Addition  |
| NAME   | MYERS, JAMES                                      |                                       | 4. 2 NAME              | Wolff, Bonnie  |
| STREET ADDRESS   | 2805 SW 36TH AVE                                  |                                       | 4.3 STREET ADDRES      |  |
| CITY-ST-ZIP  | OKEECHOBEE FL                                     |                                       | 4.4 CITY-ST-ZIP        |  |
| TITLE  | D   | DELETE                                | 5.1 TITLE              | SDChange Addition  |
| NAME   | BURDESHAW, EMILY                                  |                                       | 5.2 NAME               | Burdeshaw, Emily   |
| STREET ADDRESS   | 2201 SW 28TH STREET, VIL                          | LA 20                                 | 5.3 STREET ADDRES      | 2201 by 20011 bitcot, 11114 20   |
| CITY-ST-ZIP  | OKEECHOBEE FL                                     |                                       | 5.4 CITY-ST-ZIP        |  |
| TITLE  | SD NEETE MADEN                                    | X DELETE                              | 6.1 TITLE              | ☐ Change ☐ Addition  |
| NAME   | RIEFFEL, KAREN                                    |                                       | 6.2 NAME               |  |
| STREET ADDRESS   | 3035 NE 52ND DRIVE                                |                                       | 6.3 STREET ADDRES      |  |
| CITY-ST-ZIP  | OKEECHOBEE FL                                     |                                       | 6.4 CITY-ST-ZIP        |  |

In hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the register or trustee empowered obsecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging on an analysis and that my name appears in

SIGNATURE

9/11/28 941-763-4843

**FILED** 

Feb 17 1998 8:00am

Secretary of State